

HEALTH INSURANCE WAIVER APPLICATION FOR INTERNATIONAL STUDENTS

INSTRUCTIONS

1. This form **MUST** be completed and submitted before the waiver deadline. **The Spring 2024 deadline is January 26, 2023 by 4:30 p.m.**
2. Complete ALL information on this form.
3. **Present this completed form, your insurance ID card, and your insurance plan information to the Student Health Center Insurance Department.**
4. Your application will be processed within 3-5 business days. You will receive an email notification alerting whether your application was approved or denied.

STUDENT INFORMATION

First Name: _____ Last Name: _____ Date of Birth: _____
Dawg Tag # _____ SIU Email Address: _____
Are you an intercollegiate athlete? ☐ Yes ☐ No

INSURANCE INFORMATION

Name of Insurance Company: _____
Insurance Company Address: _____
Insurance Company City: _____ Insurance Company State: _____ Insurance Company Phone # _____
Policy Holder ID or Member ID # _____ Policy Holder Name (if different from student) _____
If Group Insurance through Employer, Employer Name: _____ ☐ N/A
Amount of Deductible: _____
Does the Plan have a Benefit Limit? ☐ Yes ☐ No
Does the Plan have a Pre-existing Condition Exclusion or Waiting Period? ☐ Yes ☐ No
Does the Plan Provide Prescription Drug Benefits? ☐ Yes ☐ No
Does the Plan have In-Network Providers in Carbondale, IL? ☐ Yes ☐ No

PLEASE READ THE FOLLOWING VERY CAREFULLY

By waiving the Student Health Insurance Plan, I acknowledge that I am currently enrolled in a health insurance plan and will be continuously insured for the school year. I have compared my current plan with that SIU Student Health Insurance Plan and determined my current coverage to be comparable. I further acknowledge that by waiving the Student Health Insurance Plan, I will be solely responsible for any medical expenses I may incur and Southern Illinois University will not be held responsible for any medical expenses.

By submitting this form, I understand that I am granting permission for Southern Illinois University to audit this information for accuracy. If the Information provided on this form is found to be falsified, I understand that I will be enrolled in the SIU Student Health Insurance Plan and will be billed for the insurance fee.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Application Reviewed By: _____ Date: _____
☐ Approved
☐ Denied Reason Code: ☐ Could not verify coverage ☐ Plan is not ACA compliant ☐ Deductible is too high
☐ Not through a US company ☐ No local in-network providers

CONTACT INFO

Student Health Services
374 East Grand Avenue – MC 6740
Carbondale, IL 62901

phone: 618/453-3311
fax: 618/453-4192
email: shcinfo@siu.edu